

# **ELECTRICAL PERMIT APPLICATION**

SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_ BLDG PERMIT # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ SUITE/UNIT # \_\_\_\_\_

PROJECT NAME \_\_\_\_\_ SWP \_\_\_\_\_ COMM \_\_\_\_\_ RESID \_\_\_\_\_

GENERAL CONTRACTOR/HOMEOWNER \_\_\_\_\_

**CONTRACTOR/LICENSE HOLDER NAME:** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ CE or \_\_\_\_\_ LLE

SERVICE SIZE (AMPS) \_\_\_\_\_

\_\_\_\_\_ **SPECIAL EVENT**

\_\_\_\_\_ **ROUGH-IN (REQUIRED)**

\_\_\_\_\_ **90 DAY SERVICE RELEASE**  
(Under 1000 AMPS)

\_\_\_\_\_ **CHANGE OF SERVICE**

\_\_\_\_\_ **HVAC**

\_\_\_\_\_ **SERVICE ENTRANCE**  
(Over 1000 AMPS)

\_\_\_\_\_ **CENTRAL VACUUM**

\_\_\_\_\_ **SIGN**

\_\_\_\_\_ **TEMPORARY**

\_\_\_\_\_ **SWIMMING POOL**

\_\_\_\_\_ **TEMPORARY SVC SIZE**

\_\_\_\_\_ **OCCUPANCY FINAL**

\_\_\_\_\_ **FINAL (REQUIRED)**

Water Heater: \_\_\_\_\_ Gas \_\_\_\_\_ Electric

Type of Heat: \_\_\_\_\_ Gas \_\_\_\_\_ Electric

**\*Required for permitting\* \_\_\_\_\_ DOLLAR AMOUNT FOR WORK COVERED  
UNDER THIS PERMIT**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: ALL APPLICATIONS FOR PERMITTING MUST HAVE AN ADDRESS VERIFIED BY THE  
FRANKLIN PLANNING DEPARTMENT (SUITE 104) INCLUDING MULTI-UNIT/SUITES. YOU WILL  
NEED TO PROVIDE BUILDING FLOOR PLAN FOR PROPER ADDRESS ASSIGNMENT. THANK YOU.**

**City of Franklin Codes Administration**

*P.O. Box 305    Franklin, TN 37065-0305    615-794-7012    FAX 615-591-9066*